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## **Kentucky Board Of Nursing**

Compliance Section, Consumer Protection Branch 312 Whittington Parkway, Suite 300 Louisville, Kentucky 40222-5172

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## **Prescription Medication Report**

The Compliance Section, Consumer Protection Branch, of the Kentucky Board of Nursing, is monitoring this individual. As a condition of monitoring, this participant must make all treating practitioners aware that he/she is in treatment for chemical dependency. The treating practitioner is requested to abstain from prescribing all narcotics, scheduled medications and any mood altering medications. Exceptions to these guidelines may be based on the participant's medical condition and if no other alternatives are available.

As the treating practitioner, the Compliance Section, Consumer Protection Branch, requests that you please take a few moments to complete this form for any and all medications prescribed for this participant. The completed form is to be mailed directly to the Compliance Section, Consumer Protection Branch. Thank you for your attention to this matter.

Name of Participant	·				Date:
<u>Medication</u>	<u>Dose</u>	Quantity	Refills	Start <u>Date</u>	Reason for Medication
	nanner a	nd will not inter			ant's ability to practice nursing in overy program provided the
Practitioner Name (Pl	ease Pri	nt)	Pra	actitione	r Signature
Address:			Ph	one Nur	mber:
•	2 Whittii	ngton Parkway,		_	, Compliance Section/Consumer ville, Kentucky 40222-5172; or fax